

DC SUPERIOR COURT CHILD CARE CENTER

500 Indiana Avenue, NW, C-185

Washington, DC 20001

(202) 879-1759

DOROTHY COLEMAN, DIRECTOR

JEANETTE WALKER, ASST. DIRECTOR

REGISTRATION FORM

CHILD'S/CHILDREN'S NAME:	DATE OF BIRTH AND AGE
ADDRESS:	PHONE NUMBER:
PERSON TO NOTIFY IN CASE OF EMERGENCY:	PHONE NUMBER:
ADDRESS:	RELATIONSHIP TO CHILD/CHILDREN:

BUSINESS WITH THE COURT: ☐ DEFENDANT ☐ PLAINTIFF ☐ POLICE OFFICER – BADGE NO. _____

☐ JUROR – BADGE NO. _____ ☐ WITNESS ☐ OTHER _____

COURTROOM NO.:	ROOM/OFFICE NO:
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PLEASE READ THE FOLLOWING AND CHECK THE BOXES:

- ☐ I understand the Center closes at 5:00 p.m. I will make arrangements for my child to be picked up by 5:00 p.m.
- ☐ I understand the Center does not furnish lunch for my child; it is my responsibility to provide lunch outside the Center.
- ☐ I hereby certify that this/these child(ren) is/are in good health and free of communicable disease.
- ☐ I hereby certify that this/these child(ren) has/have been seen by a doctor within the past year.
- ☐ I hereby agree that should any accident, illness or injury occur, my child(ren) may be treated at the nearest hospital and/or DC Court's Health Unit.
- ☐ I hereby certify that my child(ren) is/are at least two years old (24 months) and toilet trained; i.e. no pampers or pull-ups and fully capable of handling bathroom needs without assistance.
- ☐ In case of building evacuation, I will pick up my child at 4th and C Streets, NW John Marshall Plaza between the Canadian Embassy and US District Courthouse. In inclement weather, I will pick up my child(ren) in the Lobby of Building A, 515 – 5th Street, NW.
- ☐ I understand that a current immunization record is required on the child's second visit to the Center.

SECURED PROTECTION IS NOT PROVIDED IN CUSTODY DISPUTES.

PRINT NAME/RELATIONSHIP TO THE CHILD:	SIGNATURE:	DATE:
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TIME IN: _____

TIME OUT: _____